

OFFICE OF MISSOURI STATE TREASURER  
UNCLAIMED PROPERTY ADMINISTRATOR  
P.O. BOX 1272  
JEFFERSON CITY, MISSOURI 65102-1272

BULK RATE  
U.S. POSTAGE  
PAID  
Jefferson City, MO  
PERMIT NO. 55

***NOTE: NEGATIVE REPORTS NOT REQUIRED!***

# STATE OF MISSOURI

## DIVISION OF UNCLAIMED PROPERTY

### Unclaimed Property Report Form



## **INTRODUCTION**

On July 1, 1993, the Missouri State Treasurer's Office assumed responsibility for the administration of the state's Unclaimed Property Division. This information booklet and report form are to be utilized by Holders when reporting abandoned property pursuant to the Missouri Disposition of Unclaimed Property Act.

All financial institutions, business associations, insurance companies, government agencies, utility companies, and persons as defined in RSMo 447.503 are required to file an annual Unclaimed Property Report. Legislation approved in 1998 streamlines the reporting process required of Holders. Those Holders without unclaimed property no longer have to submit "negative" or "zero dollar" reports. This and other changes were adopted in response to recommendations submitted by an advisory committee convened by the State Treasurer, which consisted of representatives of large Holder groups as well as former claimants.

All Holder reports are due on November 1, except for life insurance companies, which are due on May 1. Holders of unclaimed property may request a reporting deadline extension for a period of up to thirty days upon written request to the Missouri State Treasurer's Office.

Compliance with the filing deadlines and cooperation between the State Treasurer's Office and the Holders are crucial elements in connecting citizens with their lost and abandoned property. Anyone requiring assistance in completing this form, an extension, or who has questions relating to the Unclaimed Property Act, please contact the Unclaimed Property Division at the address below:

**Office of the Missouri State Treasurer  
Unclaimed Property Division  
P.O. Box 1272  
Jefferson City, MO 65102-1272  
(573) 751-0840  
[www.sto.state.mo.us/ucp/unclprop.htm](http://www.sto.state.mo.us/ucp/unclprop.htm)**

**Nancy Farmer**  
State Treasurer

# INSTRUCTIONS

## FOR PREPARING

### REPORT OF UNCLAIMED PROPERTY

State of Missouri

#### IF YOU HAVE ANY QUESTIONS CALL OR WRITE:

Mailing Address:

OFFICE OF MISSOURI STATE TREASURER  
DIVISION OF UNCLAIMED PROPERTY  
PO BOX 1272  
JEFFERSON CITY MO 65102-1272

Street Address for Courier Deliveries:

OFFICE OF MISSOURI STATE TREASURER  
DIVISION OF UNCLAIMED PROPERTY  
HARRY S TRUMAN BUILDING, ROOM 157  
JEFFERSON CITY MO 65101

Phone: (573) 751-0840

Email: [ucp@mail.sto.state.mo.us](mailto:ucp@mail.sto.state.mo.us)

#### REPORTING METHODS

##### Reporting Manually

The following form is provided for manual reporting of unclaimed property, accompanied by detailed step-by-step instructions on proper completion of the paper reporting form. *All information recorded must be typed or printed clearly and legibly.*

If additional forms are needed, you may photocopy the blank forms or request additional forms by contacting the Missouri Division of Unclaimed Property. An alternative customized reporting format (eg., a spreadsheet) is acceptable as long as all required information is included.

##### Diskette Reporting

Diskette reporting of unclaimed property items is encouraged. To receive a free reporting diskette, contact the Missouri Division of Unclaimed Property. The standard NAUPA (National Association of Unclaimed Property Administrators) diskette reporting format is also accepted. For more information on diskette reporting, visit our website at [www.sto.state.mo.us/ucp/unclprop.htm](http://www.sto.state.mo.us/ucp/unclprop.htm)

#### WHO MUST REPORT

The State of Missouri *Uniform Disposition of Unclaimed Property Act (RSMo 447.500-595)* requires that all financial institutions, business associations, insurance companies, governmental units, utility companies, nonprofit organizations and persons as further defined in the statute, report assets that have been presumed abandoned for seven years (fifteen years in the case of travelers checks) to the Office of the Missouri State Treasurer. **NOTE:**

***Pursuant to new legislation, the abandonment period will change from seven to five years beginning***

***January 1, 2000 for most types of properties. Please refer to RSMo 447.536 (1998) or call the Unclaimed Property Division for more information.***

All Holders, including but not limited to the above, are responsible for filing reports on behalf of their branches, divisions, or affiliated entities as applicable.

Holders may report and remit any property prior to the expiration of the seven-year abandonment period (fifteen years in the case of travelers checks). Please provide notification to the Unclaimed Property Division prior to submitting an early remittance.

#### WHEN TO REPORT

The **Report of Unclaimed Property** must be completed annually and must be postmarked no later than November 1 for period ending June 30 preceding. Life insurers shall file by May 1 for preceding period ending December 31. A Holder may request an extension of 30 days in exceptional circumstances. The State of Missouri must approve all extensions.

**Payment must accompany the Report.** Checks should be made payable to the **Missouri State Treasurer**. If securities are reported, the underlying shares must be delivered via mail or DTC transfer to the State of Missouri at the time of remittance. Contact the Division of Unclaimed Property for information on DTC transfers. Certificates should be registered as follows:

Office of Missouri State Treasurer  
Division of Unclaimed Property  
PO Box 1272  
Jefferson City MO 65102-1272

Federal ID: 43-1645862

#### WHAT TO REPORT

Any debt or obligation which has gone unpaid or security that has remained undelivered for the aforementioned abandonment period must be reported and remitted. Please refer to *Appendix A: Property Type Codes* for examples of reportable property types.

All such property that is held for a Missouri resident or business entity must be reported. If your organization is registered in Missouri, you must also report owners for which you have no last known address or the last known address is in a foreign country. Property for owners with a last known address in a state other than Missouri must be reported to the Unclaimed Property Division of the state of last known address.

### **Reciprocity Agreements**

In an effort to make the reporting process less burdensome for their Holders, some states have entered into mutual agreements for the acceptance of property belonging to owners in other states. Please contact the Division of Unclaimed Property for a current list of states that have entered into reciprocity agreements with the State of Missouri.

**Negative Reports** are not required if you do not have any unclaimed property to report.

### **Due Diligence**

Holders are required to exercise such reasonable and necessary diligence as is consistent with good business practice to locate owners of property valued at fifty dollars or more within one year prior to reporting the property to the Missouri State Treasurer.

The Holder shall retain such records as necessary to verify the relationship of the owner to the Holder for a period of not less than five years subsequent to reporting the property. The Unclaimed Property Division may contact the Holder to verify previously reported information or to ask for any additional information that is available regarding the property.

## **HOW TO COMPLETE THE REPORT**

### **SECTION A HOLDER REPORTING INFORMATION**

#### **PART I REPORT INFORMATION**

**DATE PREPARED** The date the Report is completed.

**REPORT PERIOD ENDING** Period ending date covered by this report. Example, the report for the period ending June 30, 1998 is due November 1, 1998. For life insurers, the reporting period ending December 31, 1998 is due on May 1, 1999.

**FEDERAL I.D.** Provide your federal identification number or taxpayer identification number.

**HOLDER NUMBER** Enter your Holder Number, which is the seven-digit number on the mailing label affixed to the front of this booklet. Leave this space blank if your Holder Number is unknown or unavailable.

**TOTAL NO. ITEMS/SHARES/SAFE DEPOSIT BOXES**  
Enter the total number of owners, shares, and safe deposit boxes included in Section B of the Report.

**CHECK NUMBER** The number of the check accompanying this Report.

**CHECK AMOUNT** Amount of payment being remitted, which is the Grand Total of all property items as recorded on the last page of Section B of the report (less Expenses, if applicable). Checks are to be made payable to the **Missouri State Treasurer**. Please submit one check for the Grand Total. *Remittance must accompany the Report.*

#### **PART II HOLDER INFORMATION**

**NAME OF HOLDER** Name of the company remitting the Report. On the cover of this booklet is a holder label that can be peeled off and affixed to the area labeled HOLDER INFORMATION. This label includes the seven-digit holder number.

#### **MAILING ADDRESS, CITY, STATE, ZIP, COUNTY**

Address used by the Holder to receive mail, to include the county.

**STATE OF INCORPORATION** State in which company is incorporated.

**DATE OF INCORPORATION** Date company was incorporated.

**PRIMARY PLACE OF BUSINESS IN MISSOURI** Location of main business activity within this state. Please be as specific as possible.

#### **PART III PREVIOUS HOLDER INFORMATION**

This section is to be used by a Holder that has had a name change or merger resulting in a name different from the name printed on the label, or if the Holder is a successor to other entities who previously held the property for the owner. List previous holder numbers, names and/or addresses under which you have previously filed unclaimed property reports with the State of Missouri.

#### **PART IV PRIMARY BUSINESS ACTIVITY**

Please provide a brief summary that best describes your organization's primary business activity.

#### **PART V CONTACT PERSON**

The contact person listed on the report is the name of the individual who prepared the report or whom the Division of Unclaimed Property can contact in the event there are any questions relating to the report.

#### **PART VI AUTHORIZATION**

The individual authorized to submit the Report of Unclaimed Property on behalf of the Holder.

### **SECTION B SUMMARY OF UNCLAIMED PROPERTY**

**HOLDER NUMBER** and **HOLDER NAME** Enter your Holder Number and Holder Name as they appear in Section A of this Report or on the mailing label affixed to the front of this booklet. Leave the Holder Number space blank if it is unknown or unavailable.

**REPORT PERIOD ENDING** Enter the period ending date for which this report is being filed. Date should correspond with the reporting period listed in Section A of this report.

**ORIGINAL OWNER NAME** Last name, first name and middle name or initial, as available. Be sure to include any information that would aid in the identification of the owner, to include Jr., Sr., Dr., etc. (for example, Smith Jane Ann MD). Company names or corporate titles should be entered exactly as adopted, except the word "the" should be omitted when it is the first word of the title. If a single item has two or more owners, the names and addresses of each must be listed along with the relationship (i.e., "Jones, Robert A - Custodian/Jones, Adam B-Minor – UGMA"). When reporting certified checks or cashiers checks, list the names and addresses of both remitter and payee if available, specifying each. If no owner name is available, report the property as "Unknown" (include any other identifying information that may be available in the respective columns). Items that are \$50 or less may be reported in Aggregate totals by property type rather than individually at the end of the report. However, since our goal is to return as much property as possible to the rightful owners, we encourage the reporting of detailed owner information whenever it is available.

**OWNER ADDRESS** Include street, city, state, zip and county, if available, of the last known address of the original owner. If no address is available, write the word "Unknown" in the address column.

**SS NUMBER/DATE OF BIRTH** Provide original owner's social security number or taxpayer id number and date of birth if available.

**ACCOUNT/CHECK NUMBER** Enter any identification number(s) available regarding the property item, such as account number, policy number, check number, stock certificate number, etc.

**PROPERTY DESCRIPTION** Enter the property description of each item (e.g., Payroll checks, Savings Accounts, Safe Deposit Box Contents, etc.). Refer to Appendix A for listing of categories and descriptions.

NOTE 1: In the case of safe deposit boxes, attach separate inventory sheets identifying contents, including a description of the contents (e.g., "4 insurance policies, 1 goldtone ring, and 2 letters"). At the end of the report indicate "Safe Deposit Box information attached."

NOTE 2: For securities, please include the issuing company name and number of shares remitted for each owner.

**PROPERTY CODE** Enter the appropriate property code for each type of unclaimed property according to Appendix A of this report form. Items that are \$50 or less may be reported in Aggregate within the appropriate category (e.g., "Aggregate of 5 items less than \$50, Vendor Checks, Code 56, total \$156.00").

**DATE OF LAST TRANSACTION/DATE PROPERTY BECAME PAYABLE, REDEEMABLE OR RETURNABLE** Indicate date of last owner-initiated activity on account, date of check, or date of maturity.

**CHECK IF INTEREST-BEARING** Check box if account was accruing interest at the time of remittance, or if the owner would have been entitled to interest had the property not been presumed abandoned.

**AMOUNT DUE OWNER** Enter the amount of cash value due the owner, including any interest earned on deposits.

**PAGE TOTAL** Enter the sum of the Amount Due Owner column for each page.

**GRAND TOTAL** To be entered on the last page of the report. The Grand Total is the sum of the Page Totals from each page of Section B of the report.

**DEDUCTED EXPENSES SUMMARY** This space may be used by the Holder pursuant to the Missouri Unclaimed Property Statute (RSMo 447.543). Expenses deducted must be itemized (expense description and amount). All expenses must be approved by the Missouri State Treasurer. If expenses are reported, deduct the expense total from the Grand Total to obtain the total amount of remittance. *Please contact the Unclaimed Property Division for an explanation of allowable expense deductions.*

#### HOLDER REIMBURSEMENTS AND REFUNDS

Periodically an owner will contact the Holder after their property has already been reported and remitted to the Unclaimed Property Division. If the owner is then paid or the account reinstated by the Holder, the Holder may submit a request for reimbursement to the Unclaimed Property Division. Proof of payment or account reinstatement is required for reimbursement.

Refunds will be issued to Holders who have overpaid their unclaimed property report because of an accounting error or other mistake made during the preparation of the report. To request a refund, make a written request to the Unclaimed Property Division and explain the nature of the mistake. Include documentation with your request that supports your explanation of the error.

***If the amount remitted is less than the amount reported*** and no explanation is provided, a request for additional remittance will be submitted by the Unclaimed Property Division to the Holder. The additional payment must be remitted to the Unclaimed Property Division within 30 days of the request.



OFFICE OF MISSOURI STATE TREASURER  
REPORT OF UNCLAIMED PROPERTY

MAIL  
COMPLETED  
REPORT AND  
REMITTANCE  
--

UNCLAIMED PROPERTY ADMINISTRATOR  
OFFICE OF MISSOURI STATE TREASURER  
P.O. BOX 1272  
JEFFERSON CITY, MISSOURI 65102-1272

**SECTION A**  
**HOLDER REPORTING INFORMATION**

PART I REPORT INFORMATION				
DATE PREPARED		REPORT PERIOD ENDING		FEDERAL I.D. NUMBER
HOLDER NUMBER				
TOTAL NO. OF ITEMS	TOTAL NO. OF SHARES	TOTAL NO. OF SAFE DEPOSIT BOXES	CHECK NUMBER	CHECK AMOUNT
PART II HOLDER INFORMATION				
THIS REPORT INCLUDES:				
<input type="checkbox"/> ALL BRANCHES AND DIVISIONS <input type="checkbox"/> ALL SUBSIDIARIES <input type="checkbox"/> ONLY THIS COMPANY/BRANCH/DIVISION				
AFFIX LABEL	NAME OF HOLDER			STATE OF INCORPORATION
	MAILING ADDRESS			DATE OF INCORPORATION
	CITY	STATE	ZIP	COUNTY
	PRIMARY PLACE OF BUSINESS IN <b>MISSOURI</b> (CITY, COUNTY, ZIP)			
PROVIDE PREVIOUS HOLDER INFORMATION IF YOU ARE A SUCCESSOR TO PREVIOUS HOLDERS OF THE PROPERTY. IF YOU HAVE CHANGED YOUR NAME OR ADDRESS DURING THE TIME PERIOD THAT YOU HAVE HELD THE PROPERTY, LIST THE PRIOR NAME(S) AND ADDRESS(ES) YOU HAVE REPORTED UNDER.				
PART III PREVIOUS HOLDER INFORMATION				
PREVIOUS NAME OF BUSINESS		FEDERAL I.D. NO.	HOLDER NUMBER	DATE OF CHANGE
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)				
PART IV PRIMARY BUSINESS ACTIVITY INFORMATION				
PLEASE PROVIDE A BRIEF BUSINESS DESCRIPTION				
PART V CONTACT PERSON				
CONTACT PERSON			TITLE	
PHONE NUMBER (      )		EXTENSION	FAX NUMBER (      )	
PART VI AUTHORIZATION				
I, _____ being first duly sworn under oath, state that I have examined this report of property presumed abandoned under the Missouri Unclaimed Property Act, and that I am duly authorized by the Holder herein to execute this report; and I declare by penalty of perjury that this report is true, correct, and complete, as of said date.				
SIGNATURE			TITLE	
<b>NOTE:</b> This verification, if made by a partnership, shall be executed by a partner; if made by an unincorporated association or private corporation, by an officer; and if made by a public corporation, by its chief fiscal officer.				

<div>SECTION B</div> <div>SUMMARY OF UNCLAIMED PROPERTY</div> <div>SEE INSTRUCTIONS</div> <div>(IF ADDITIONAL SPACE IS REQUIRED, PLEASE DUPLICATE THIS FORM)</div>			FILE THIS REPORT WITH YOUR REMITTANCE ON NOVEMBER 1 (MAY 1 FOR LIFE INSURERS). ALL ITEMS LESS THAN \$50 MAY BE REPORTED IN AGGREGATE AND ENTERED BY PROPERTY TYPE AT THE END OF THIS REPORT.						PAGE NO _____ of _____	
			HOLDER NUMBER		HOLDER NAME			REPORT PERIOD ENDING		
ORIGINAL OWNER NAME (LIST BY LAST NAME, FIRST NAME, MI)	OWNER STREET ADDRESS	CITY, STATE, ZIP, COUNTY	OWNER SOCIAL SECURITY NUMBER AND/OR DATE OF BIRTH	ACCT/ CHECK NUMBER	PROPERTY DESCRIPTION	PROP CODE (SEE APP. A)	DATE OF LAST TRANSACTION. DATE PROP. BECAME PAYABLE, REDEEMABLE, OR RETURNABLE	CHECK THIS BOX IF INTEREST BEARING ACCOUNT	AMOUNT DUE OWNER	
<div>DEDUCTED EXPENSES SUMMARY</div> <div><div>NONE DEDUCTED</div><div><input type="checkbox"/></div></div> <div>If expenses have been deducted per RSMo 447.543, please outline these costs below:</div>					<div>NO. ITEMS THIS PAGE</div> <div></div>			PAGE TOTAL	\$	
ITEM DESCRIPTION		AMOUNT	GRAND TOTAL (IF LAST PAGE)	\$						
ITEM DESCRIPTION		AMOUNT								

## PROPERTY TYPE CODES

### Appendix A

#### ACCOUNT BALANCES DUE

AC01	CHECKING ACCOUNTS
AC02	SAVINGS ACCOUNTS
AC03	MATURED CD OR SAV CERT.
AC04	CHRISTMAS CLUB FUNDS
AC05	MONEY ON DEP TO SECURE FUND
AC06	SECURITY DEPOSITS
AC07	UNIDENTIFIED DEPOSITS
AC08	SUSPENSE ACCOUNTS
AC09	MONEY MARKET
AC99	AGG. ACCT. BALANCES UNDER \$50

#### UNCASHED CHECKS

CK01	CASHIERS CHECKS
CK02	CERTIFIED CHECKS
CK03	REGISTERED CHECKS
CK04	TREASURERS CHECKS
CK05	DRAFTS
CK06	WARRANTS
CK07	MONEY ORDERS
CK08	TRAVELERS CHECKS
CK09	FOREIGN EXCHANGE CHECKS
CK10	EXPENSE CHECKS
CK11	PENSION CHECKS
CK12	CREDIT CHECKS OR MEMOS
CK13	VENDOR CHECKS
CK14	CHECKS WRITTEN OFF TO INCOME
CK15	OTH. OUTSTANDING OFFICIAL CKS.
CK16	CD INTEREST CHECKS
CK99	AGG. UNCASHED CKS. UNDER \$50

#### COURT DEPOSITS

CT01	ESCROW FUNDS
CT02	CONDEMNATION AWARDS
CT03	MISSING HEIRS FUND
CT04	SUSPENSE ACCTS.
CT05	OTHER COURT DEPOSITS
CT06	PUBLIC AID CHILD SUPPORT CKS.
CT99	AGG. COURT DEPOSITS UNDER \$50

#### INSURANCE

IN01	IND. POLICY BENEFITS/CLM. PAYMENTS
IN02	GRP. POLICY BENEFITS/CLM. PAYMENTS
IN03	PROCEEDS DUE BENEFICIARIES
IN04	PROCEEDS FROM MATURED POLICIES, ENDOWMENTS, OR ANNUITIES
IN05	PREMIUM REFUNDS
IN06	UNIDENTIFIED REMITTANCES
IN07	OTHER AMTS. DUE UNDER POLICY TERMS
IN08	AGENT CREDIT BALANCES
IN99	AGG. INSURANCE PROPERTY UNDER \$50

#### MINERAL PROCEEDS & MINERAL INTERESTS

MI01	NET REVENUE INTEREST
MI02	ROYALTIES
MI03	OVERRIDING ROYALTIES
MI04	PRODUCTION PAYMENTS
MI05	WORKING INTEREST
MI06	BONUSES
MI07	DELAY RENTALS
MI08	SHUT-IN ROYALTIES
MI09	MINIMUM ROYALTIES
MI99	AGG. MINERAL INTERESTS UNDER \$50

#### MISC. CHECKS & INTANGIBLE PERSONAL PROP.

MS01	WAGES, PAYROLL, SALARY
MS02	COMMISSIONS

MS03	WORKERS' COMP. BENEFITS
MS04	PAYMENT FOR GOODS & SERVICES
MS05	CUSTOMER OVERPAYMENTS
MS06	UNIDENTIFIED REMITTANCES
MS07	UNREFUNDED OVERCHARGES
MS08	ACCOUNTS PAYABLE
MS09	CREDIT BALANCES- ACCTS RECEIVABLE
MS10	DISCOUNTS DUE
MS11	REFUNDS DUE
MS12	UNREDEEMED GIFT CERTIFICATES
MS13	UNCLAIMED LOAN COLLATERAL
MS14	PENSION & PROFIT SHARING PLANS
MS15	DISSOLUTION OR LIQUIDATION
MS16	MISC OUTSTANDING CHECKS
MS17	MISC INTANGIBLE PROPERTY
MS18	SUSPENSE LIABILITIES
MS99	AGG. MISC. PROPERTY UNDER \$50

#### SECURITIES

SC01	DIVIDENDS
SC02	INTEREST (BOND COUPONS)
SC03	PRINCIPAL PAYMENTS
SC04	EQUITY PAYMENTS
SC05	PROFITS
SC06	FUNDS PD TO PURCHASE SHARES
SC07	FUNDS FOR STOCKS & BONDS
SC08	SHARES OF STOCK (RETURNED BY P.O)
SC09	CASH FOR FRACTIONAL SHARES
SC10	UNEXCHANGED STOCK/SUCCESSOR CO.
SC11	OTHER CERT. OF OWNERSHIP
SC12	UNDERLYING SHARES OR OTHER OUTSTANDING CERTS.
SC13	FUNDS FOR LIQ./REDEMPTION OF UNSURRENDERED STOCKS OR BONDS
SC14	DEBENTURES
SC15	US GOVT SECURITIES
SC16	MUTUAL FUND SHARES
SC17	WARRANTS (RIGHTS)
SC18	MATURED BOND PRINCIPAL
SC19	DIVIDEND REINVESTMENT PLANS
SC20	CREDIT BALANCES
SC21	SUM OF VAR. STOCK RELATED CASH ITEMS
SC22	CASH IN LIEU
SC23	SUM OF VAR. STOCK RELATED STOCK ITEMS
SC24	MONEY MARKET
SC99	AGG. SECURITY RELATED CASH UNDER \$50

#### SAFE DEPOSIT BOXES & SAFEKEEPING

SD01	SAFETY DEPOSIT BOX CONTENTS
SD02	OTHER SAFEKEEPING
SD03	OTHER TANGIBLE PROPERTY

#### TRUST, INVESTMENT AND ESCROW ACCOUNTS

TR01	PAYING AGENT ACCTS.
TR02	UNDELIVERED OR UNCASHED ITEMS
TR03	FUNDS HELD IN FIDUCIARY CAPACITY
TR04	ESCROW ACCTS.
TR05	TRUST VOUCHERS
TR06	PRE-NEED FUNERAL PLANS
TR99	AGG. TRUST PROP. UNDER \$50

#### UTILITIES

UT01	UTILITY DEPOSITS
UT02	MEMBERSHIP FEES
UT03	REFUNDS OR REBATES
UT04	CAPITAL CREDIT DISTRIBUTIONS
UT99	AGG. UTILITY PROPERTY UNDER \$50

ZZZZ	PROPERTIES NOT IDENTIFIED ABOVE
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## CHECKLIST

1. HAVE YOU PLACED YOUR HOLDER IDENTIFICATION LABEL ON THE FRONT OF THIS REPORT? (LABEL IS LOCATED ON THE FRONT OF THIS BOOKLET)
2. IS YOUR CHECK MADE PAYABLE TO THE MISSOURI STATE TREASURER AND ATTACHED TO YOUR REPORT?
3. ARE THE FOLLOWING INCLUDED IN YOUR REPORT:
  - ☐ STOCK CERTIFICATES
  - ☐ SAFE DEPOSIT BOX CONTENTS
  - ☐ COMPUTER PRINTOUT
4. DID YOU INCLUDE THE CORRECT COUNTY AND ZIP CODES?
5. ARE YOU DEDUCTING EXPENSES? IF SO, PLEASE COMPLETE THE EXPENSE SUMMARY IN SECTION B.
6. IF ADDITIONAL SPACE IS REQUIRED, PLEASE DUPLICATE THIS FORM AND USE FOR REPORTING.